

**GOVERNOR'S COUNCIL ON DISABILITY
2007 LEGISLATIVE PRIORITIES POLL**

Thank you for taking the time to respond to this poll. It is important that the Council represents the voice of persons with disabilities and this is one of our opportunities to understand issues important to you and/or the people you serve.

This year's poll includes three (3) sections. Please feel free to be candid throughout the survey.

What county do you live in _____

The following information is optional:

Age _____

I am a _____ person with a disability _____ family member

_____ agency/service provider _____ other

Section I: Please review the following issues and **rank them in order of importance to you**, with **number 1** being the issue which is most important to you and **number 6** being the one that is least important to you. **Please be sure to number the issues 1 through 6 and circle or underline only ONE number per issue or we will be unable to use this portion of your questionnaire.**

- | | |
|-------------|--|
| 1 2 3 4 5 6 | Assist government in finding ways to increase state revenue in order to fund more services. |
| 1 2 3 4 5 6 | Work with government to develop an effective replacement system for Medicaid. |
| 1 2 3 4 5 6 | Develop a grant program to encourage one floor of all new and existing homes to be of universal design in keeping with "Lifetime Homes" concept. |
| 1 2 3 4 5 6 | Work with government to restore a fair and equitable "Ticket to Work Medicaid Buy-In for Workers with Disabilities". |
| 1 2 3 4 5 6 | Address statewide need for accessible transportation. |
| 1 2 3 4 5 6 | Address statewide need for accessible, affordable housing. |
| 1 2 3 4 5 6 | Other Issue |

Section II: Please describe any problems you are experiencing in each of the areas listed below, as well as potential solutions for relieving your problem (see example). If you are experiencing no problems in a particular area, you may leave it blank.

EXAMPLE: **Medical Services:** I no longer have medical coverage so my physician has notified me that he will no longer be able to provide my medical care. I have not found a free clinic in my area. It would be good if there was a number to call to locate free clinics in my area.

Public Accessibility (buildings, parks, etc.):

Housing:

Transportation:

Employment:

Medical Services:

Durable Medical Equipment:

Other:

Section III: Please use the space below to write any comments or issues you may have, which are not addressed in this questionnaire.

Thank you for taking time to complete this survey. You may either **e-mail** your response to

donna.borgmeyer@oa.mo.gov

fax it to

573-526-4109

or mail it to

Governor's Council on Disability

P.O. Box 1668,

Jefferson City, MO 65102

All responses should be received by close of business **Friday, September 15, 2006**. If you have questions, please contact our office at 573-751-2600 or toll free at 1-800-877-8249.